| N                            | lis        | SO           | URI           | Di        | VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 53-00-004497  | _             |
|------------------------------|------------|--------------|---------------|-----------|--|---------------|
| DO NOT WRITE                 | E AMENDED  |              |               | PU        | Registration District No. 3 Primary Registration District No. 547 Registrar's No. 128  |               |
| DO NOT WRITE<br>ON THIS STUB |            |              | NERIDED       |           |  | <b>=</b>      |
| vs 300                       | ٠ اـ       | . 1          | 1 1           | 1         | - COUNTY : CTATE   COUNTY  | ore           |
| Rev. 4/59                    | ,          | <u> </u>     |               | 1 1       | St. Louis : Mo. St. Louis :  |               |
| Kev. 4/37                    |            | ž            |               | 1         | b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  C. CITY  OR  Inside Limit   | 8             |
| !                            |            | ξ            |               |           | TOWN Richmond Heights   8 days   TOWN Clayton   Yes 🗗 No   |               |
| 4005                         | ľ          | 1            |               | 1 1       | c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Fai  |               |
| 240022                       |            | DATE AMENDED |               |           | INSTITUTION St. Mary's Hospital Yes & No□ 14 Brighton Way Yes □ No□  | □ <u>x</u>    |
| 3                            | T          | $\top$       | 11            | 7 1       | 3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF  |               |
|                              | •          |              |               |           | (Type or print)  JOHN  F. HICKEY  OF  DEATH  January 11, 1963  |               |
| 4 0                          |            |              | 1 }           |           | 5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 2  |               |
| 5.2                          | 1          |              |               | 11        | Male White Widowed D Divorced   1/1/89 74 Months Days Hours M  | Nin.          |
|                              | ١ ٠        | ľ            | `  [.         |           | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY   | ₹Y            |
| 6,                           | § ∣        |              |               |           | Pharamcist Brouk's Brug Kansas City, Mo. USA   |               |
| 7 -                          | g١         |              |               |           | Pharamcist Brouk's Drug Kansas City, Mo USA  136. FATHER'S NAME [136. MOTHER'S MAIDEN NAME]  137. FATHER'S NAME [136. MOTHER'S MAIDEN NAME]  138. FATHER'S NAME  | —             |
| '0                           | 豆          |              |               |           | Unknown Florence Hickey, Decid   |               |
| я і                          | AS         |              |               | 1 1       | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address St. Louis 37  |               |
|                              | ۲          |              | 11            | 1 1       | Yes W.W. 1 Marcella Liflander 1 Westfield Lane.  | <b>,</b> 1920 |
| - 1000                       | AR         |              |               | E         | 1 18. CAUSE OF DEATH (Enter only one cause pt  | EN            |
| 10 1                         |            | <u>`</u>     | 11            | 垣         | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE & Mesenteric Chromiles II day  | ,IH<br>       |
| 11                           | <b>-</b>   | 5            | `             | S         | IMMEDIATE CAUSE DY / / COLONIA CAUSE DE | <u> </u>      |
|                              | S .        | INSTEAD      |               | DOCUMENT  | Conditions If any 1 DUE 10 (b) Leneralized peritonitis   |               |
| 124/. 0                      | S          | -            | 1             | ı         | which gave rise to   |               |
| 13                           | Ξ [        | Ż            | 44            | J         | above cause (a), stating the under-  |               |
| - I                          | S          |              | +             |           | lying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female   | Was           |
| I                            |            |              |               |           | disease condition given in PART I (a)  | days.         |
|                              | 띩          | ì            |               | ١.,       | Ves   □ No   □ Unkr  | nown          |
|                              | Š          | -            |               |           | 19. WAS AUTOPSY 20a: ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  | _             |
|                              | AMENDMENTS |              |               |           | HERFORMED?   |               |
| 7                            | <u> </u>   |              | -             |           | 20c. TIME OF Houl Month, Day, Year   |               |
| ~ ₫·                         | ₹          | .            |               | -         | INJURY a.m. p.m.   |               |
| K INK<br>RIBBON              | `.         |              |               | 1         | 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, but home, while AT WORK 20e. PLACE OF INJURY (e.g., in or about home, but home, but home, country start.)   | E             |
|                              |            | ~            |               | i i       | WHILE AT WORK   farm, factory, street, office bldg., etc.) NOT WHILE AT WORK   |               |
| A S E                        | :          | KEAU         |               | 1 1       | 21 Lattended the deceased from 1-3-63, to 1-11-63 and last saw him elive on 1-11-63  |               |
| USE BLACOR                   |            | 됩            |               |           | 21. I attended the deceased from   |               |
| USE                          |            | 5            |               |           | Too: Appress   | GNED          |
| _5 <u>E</u>                  | 9          | SHOOLD       |               | P         | 223. SIGNATURE (Oberto Grittle) 225. ADDRESS Vashington 1-14-  | 63            |
|                              | ľ          | <u>"</u>     | $\perp \perp$ | AFFIDAVIT | 23e. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, towh, or county) (State)   |               |
|                              |            | į            |               | ₫         | Brief 1/15/63 Calvary Cemetery St. Louis Mo.   |               |
|                              |            |              |               | Ŧ         | 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD, BY LOCAL REG. 26. RECLATRABLE SIGNATURE  | <del></del>   |
|                              |            | ž            |               | BY A      | 24. PUNERAL DIRECTOR   |               |
|                              | ľ          | -            | 1             | -         |  | —             |
|                              |            |              |               |           | (Licensed Embalmer's Statement on Reverse Side)  |               |

| I hereby certify that the body whose name is | recorded on the reverse side of this certificate was embalmed by me, |
|--|--|
| or by  | , Student Embalmer No  |
| working under my personal supervision.       |  |
| Student                                      | Signed / Janes Willand   |
| Signature of Student Embalmer                | Licensed Embalmer No. 45/2   |
|  | P. O. Address Hickwood Mo  |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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